



All applicants may be required to pass a background check as a condition of employment.
Print or type all answers in full, Not doing so may cause your application to be rejected.

Personal Identification

Position Applying For: _____ Date: _____

Name: Last: _____ First: _____ Middle: _____

Social Security Number: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

When Can You Be Reached At Above Telephone Number? _____ Other Phone #: _____

In Case of Emergency, Notify: _____ Telephone #: _____

Expected Wage: _____ When Can You Start? _____

Check the days you are available for employment: ___M ___T ___W ___Th ___F ___Sat ___Sun ___All Days

Are you available on Holidays? ___Yes ___No Are you presently 18 years or older? ___Yes ___No

Does your Visa or Immigration status prevent you from being employed in the United States? ___Yes ___No

Have you ever been convicted of a crime other than a minor traffic violation or been released from a prison or other detention facility within the past seven years?

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying for will also be considered. If Yes, please explain. ___Yes ___No

Table with 3 columns: SCHOOL, NAME AND LOCATION, DIPLOMA/MAJOR. Rows include High School, Vocational School, College/University, and Other.

List all special training, skills, and work-related experience: _____

Languages: _____

Perfection Industrial Finishing is an Equal Opportunity Employer / Drug Free Work Place

Employment History

Employer: _____	Telephone Number: _____
Address: _____	_____
Position/Duties: _____	_____
Date Started: _____	Date Left: _____
Starting Salary/Wage: _____	Final Salary/Wage: _____
Name of Supervisor: _____	_____
Reason For Leaving: _____	_____

Employer: _____	Telephone Number: _____
Address: _____	_____
Position/Duties: _____	_____
Date Started: _____	Date Left: _____
Starting Salary/Wage: _____	Final Salary/Wage: _____
Name of Supervisor: _____	_____
Reason For Leaving: _____	_____

Employer: _____	Telephone Number: _____
Address: _____	_____
Position/Duties: _____	_____
Date Started: _____	Date Left: _____
Starting Salary/Wage: _____	Final Salary/Wage: _____
Name of Supervisor: _____	_____
Reason For Leaving: _____	_____

Work Related References

	Name	Occupation	Years Known	Contact Information
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Certificate of Applicant - Read Carefully Before Signing

I hereby state that information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of most Perfection Industrial Finishing's current related policies. I understand that Perfection Industrial Finishing may require a medical examination to determine if any employee is capable of performing the essential elements of the job. I understand the use of illegal drugs is prohibited during employment with this company and that the Employer reserves the right to test for the presence of illegal drugs at any time. I understand that if the test results are positive for the presence of any illegal drugs, that I will face correction action up to and including discharge. Perfection Industrial Finishing requires its employees to submit to blood tests or urinalyses for alcohol or drug screens, fingerprints background checks, credit history, inspection of bags (including purses or briefcases or parcels brought into or taken out of Perfection Industrial Finishing's place of business. I understand that refusal to submit to a urinalyses, fingerprint background check, blood test or search, when requested to do so, may result in termination of my employment).

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY PERFECTION INDUSTRIAL FINISHING, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR PERFECTION INDUSTRIAL FINISHING WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT IF I VOLUNTARILY TERMINATE MY EMPLOYMENT WITHOUT NOTICE, SUCH ACTION MAY AFFECT PERFECTION INDUSTRIAL FINISHING'S WILLINGNESS TO PROVIDE STATEMENTS OF REFERENCE TO OTHERS CONCERNING MY WORK PERFORMANCE AND HABITS BEYOND A SIMPLE STATEMENT VERIFYING MY EMPLOYMENT. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF PERFECTION INDUSTRIAL FINISHING.

Printed Name: _____

Signature: _____ Date: _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical conditions or disabilities.

EQUAL OPPORTUNITY EMPLOYER



Applicant background Check Authorization
Read Carefully Before Signing

I hereby authorize Perfection Industrial Finishing to conduct a background check, credit history check, urinalysis and/or blood test for alcohol or drug screens inspection of bags (including purses or briefcases) or parcels brought into or taken out of Perfection industrial Finishing's place of business. I understand that the Company may require job applicants to submit to such testing as a condition of employment. I understand that refusal to submit to background check, urinalysis, blood tests or search, when requested to do so, may result in termination of my employment. I also authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employment.

Printed Name: _____ SSN _____

Signature: _____ Date: _____

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EQUAL OPPORTUNITY EMPLOYER

Revision	Date	Author	Description of Change
A	10.14.11		1st Issue
B	3.29.16	Deb Hendzel	Add document control box, change Rev A to B
C	9.6.17	Deb Hendzel	AS9100 Rev D update